

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-7-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes E0236, E1399, E0748 and 97139TN.

### II. FINDINGS

The respondent denied reimbursement based upon “M - No MAR; A – Preauthorization required for DME in excess of \$500 cumulative unbundling of DME present.”

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-17-02	E0236	\$494.00	\$00.00	A	DOP	Rule 134.600(h) General Instructions GR III Durable Medical Equipment GR (VIII) and (IX)	Pump Water Circulating Pad- DME item is under \$500.00 and does not require preauthorization. Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$494.00 is recommended.
4-18-02	E1399	\$75.00	\$0.00	A	DOP		Cold Therapy Cooler Wrap – DME item is under \$500.00 and does not require preauthorization.. Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$75.00 is recommended.
4-18-02	E1399	\$155.00	\$0.00	A	DOP	Rule 134.600(h)	Water circulating pad – DME item is under \$500.00 and does not require preauthorization. Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$155.00 is

							recommended.
4-18-02	E1399	\$45.00	\$0.00	A	DOP	Rule 134.600(h)	Pump Water Circulating Pad-Auto Adaptor - DME item is under \$500.00 and does not require preauthorization. Requestor submitted redacted EOBs from insurance carriers that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$45.00 is recommended. .
4-19-02	E0748	\$5000.00	\$3350.00	M	DOP	Section 413.011(b)	Bone Growth Stimulator – Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$1650.00 is recommended.
4-19-02	97139TN	\$185.00	\$22.00	M	DOP	Section 413.011(b)	Requestor submitted redacted EOBs from insurance carrier's that support amount billed was fair and reasonable per Section 413.011(b); therefore, additional reimbursement of \$163.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$2582.00.</b>

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, L0180, L0120, E1399, E0748 and 97139TN, in the amount of **\$ 2582.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$2582.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28<sup>th</sup> day of April 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division